



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

CITY OF ALEXANDRIA

JUN 12 2015

*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended statement of organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>SBE-issued Committee ID</td></tr><tr><td></td><td></td></tr></table>	Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID				
VOTER REGISTRATION ELECTORAL BOARD					
Committee Information					
Committee Information	Friends of Hal Cardwell Name of Candidate Campaign Committee				
	2401 E Randolph Ave Street Address/PO Box				
	Alexandria City				
	VA State				
	22301 Zip Code				
	HalCardwell@yahoo.com Email Address				
703.585-0617 Daytime Phone #					
none Campaign Website					
Candidate Information					
Candidate Information	Cardwell Henry Edgar Salutation Last Name First Name Middle Name Suffix				
	2401 E Randolph Ave Residence Address				
	Alexandria City				
	VA State				
	22301 Zip Code				
	Alexandria County or City of Residence				
	HalCardwell@yahoo.com Email Address				
703 4289071 Daytime Phone #					
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	School Board "A" Office Sought District (if one)				
	none Political Party				
	2015 Year of Election				
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election					



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Treasurer Information				
Treasurer Information	CARDWELL HENRY EDGAR			
	Salutation	Last Name	First Name	Middle Name Suffix
	2401 E RANDOLPH AVE			
	Residence Address		Apt #	
	ALEXANDRIA		VA	22301
	City	State	Zip Code	
	ALEXANDRIA			
County or City of Residence		Voter Identification #		
Hal Cardwell@yahoo.com		703-585-0617		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Suntrust Bank				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria VA				
City	State	City	State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		12-June-15	
	Date first expenditure made:			
	Date campaign depository designated:		12-June-15	
	Date filing fee paid for party nomination:			
	Date statement of qualification filed:		6-June-15	
	Date treasurer appointed:		12-June-15	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p><u>[Signature]</u> <u>12 June 15</u> Signature Date</p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u>[Signature]</u> <u>12 June 15</u> Candidate's Signature Date</p>
Treasurer's Signature	<p>I accept the appointment of treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u>[Signature]</u> <u>12 June 15</u> Treasurer's Signature Date</p>